State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsofDate 07/19/2012

0000188593 8/7/12

Voucher Number	Vchr Line	VchrLineDescr	Distr Line#	Account	Account Description	Fund	VendorName	1099 WithHold	Accounting Period Year	Accounting Period Month	PurchaseOrder	Invoice Number	Total Amount
00303675	1	I/S Meals & lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001		2013	07	0000090250	Adams, R. 7.9-7.	435.00
												Total For Voucher	435.00

JM

New Window | Help | Customize Page

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
Voucher ID: 00303675
Voucher Style: Regular

Invoice Number: Adams, R. 7.9-7.12.12
Invoice Date: 07/16/2012
Total: 435.00

Vendor: ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
RUIDOSO, NM 88345

***Pay Terms:** Pay Now | Schedule Payments

Saved

Payment Information

Find | View All First 1 of 1 Last

Scheduled Payment: 1
***Remit to:** 0000097303
Location: 001
***Address:** 1

ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345

Gross Amount: 435.00 USD
Discount: 0.00 USD Discount Denied
Late Charge
Scheduled Due: 07/16/2012
Net Due: 07/16/2012
Discount Due:
Accounting Date:

Payment Method

***Bank:** WFB10
***Account:** B
***Method:** ACH ACH
Message:
Message will appear on remittance advice.

Pay Group:
***Handling:** RE
***Netting:** N

Messages

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500 **Invoice Number:** Adams, R. 7.9-7.12.12

Voucher ID: 00303675 **Invoice Date:** 07/16/2012

Voucher Style: Regular **Total:** 435.00

Voucher Processing

☑ Post Voucher ☐ Close Voucher

☑ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD **Account At:** Gross

Match Action

*Status: Ready

☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables *Currency: USD **Rate Type:** CRRNT **Exchange Rate:** 1.00000000

Voucher Approval

*Approval: Specify at this Level **Business Process:** PROCESS_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur **SBI Number:**

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:

Tax Group

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO ITEMIZED SCHEDULE OF TRAVEL EXPENSES

PAGE 2 DATE 7/9/12

AGENCY CODE 66500 VOUCHER NUMBER 00303675

NAME Richard Adams	CAR LICENSE NUMBER GS 1984	POST OF DUTY Ruidoso	PROPOSED (ADVANCE VOUCHER) ☐
SOCIAL SECURITY NUMBER 000097303	MODEL Nissan	RESIDENCE Ruidoso	ACTUAL (RECOUPMENT VOUCHER) ☒
NORMAL WORK DAY 8am TO 5p,	YEAR 2011		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL	ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
7/9/12	7:00am		Depart Ruidoso to Santa Fe to meet with Cabinet Secretary Overnight Santa Fe rates apply*				135.00		135.00
7/10/12			Overnight Santa Fe rates apply*				135.00		135.00
7/11/12			Overnight Santa Fe rates apply*				135.00		135.00
7/12/12		7:00pm	Depart Santa Fe to Ruidoso Partial day per diem-12 hrs				30.00		30.00
			TOTALS				435.00		435.00
			Advance Amount @ 80%						
			Adjusted Reimbursement						

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL ☐

APPROVED RATES ☒

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.

Employee Signature Date

☒ Check here if this claim is in compliance with the NonroutineReassignment provisions of the DFA regulations Governing the PerDiem and Mileage Act.

I, Richard Adams do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DFA Regulations Governing the Per Diem and Mileage Act.

PAYEE SIGN HERE X Richard E Adams 7/9/12

GENERATED BY DOH - ITEMIZED version 1.0 2 LAST MODIFIED ON: 07/11/2012 11:30

(1) DFA COPY (2) ACCOUNTING COPY (3) VENDOR REMITTANCE (4) ORIGINATOR COPY

New Mexico Department of Health
Travel and Training Request Form

Employee Information	**Employee Name:**	Richard Adams	**Position:**	CMO	
	Department ID and Fund:	6001001000	**Telephone:**	505-629-7496	
	Post of Duty:	Ruidoso	**Residence:**	Ruidoso	

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☑ **Check if state vehicle**		☐ **Check if personal vehicle**		**License #:**	gs 1984
	Year:	2011	**Make:**	Nissan	**Model:**	Altima

Trip/Training Information	**Please provide agendas, itineraries and any relevant documents.**	
	Course Name:	Meeting with Cabinet Secretary in Santa Fe.
	☑ **Check if training is required**	☐ **Check if Continuing Education credits will be granted**

Travel Information	**Date of Request:**	07/09/12	**Destination:**	Santa Fe & ABQ				
	Departure Date: (month/day/yr)	07/09/12	**Time:**	07:00 AM	**Return Date:** (month/day/yr)	7/12/12	**Time:**	07:00 PM
	☑ **In-State** ☐ **Out-of-State** ☐ **Training** ☐ **Time Only** ☐ ***Actuals** ☐ **No cost to State/Paid By:**							

*** If actuals are requested:** Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		**542100: In-State Mileage: @ .41 per mile**	$ 0.00
546800: Registration – Employee		**542200: In-State Per Diem: @ $85/day**	$ 0.00
546800: Registration – Vendor		**Santa Fe Only: 3 @ $135/day**	$ 405.00
549600: Airline Cost – Vendor		**549700: Out-of-State Per Diem: @ $115/day**	$ 0.00
Airline Cost – Employee		**Actuals: @ /day**	$ 0.00
Baggage Fee		**With meals: @ $45/day**	$ 0.00
Shuttle Fee		**Partial day: @ $12/2-6 hrs**	$ 0.00
Taxi Fee		**Partial day: @ $20/6-12 hrs**	$ 0.00
Parking Fee		**Partial day: 1 @ $30/12 or more hrs**	$ 30.00
Mileage @ .41 per mile	$ 0.00	**Total reimbursement to employee**	$ 435.00
Miscellaneous Expense: days @ $6 per day	$ 0.00	**Total cost of trip**	$ 435.00
Car Rental: days @ per day	$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Richard E Adams 7/11/12

Employee Signature **Date**

Supervisor/Bureau Chief Signature 7/13/12 **Date**

Division Director/Hospital Administrator **Date**
(As per specific division requirements)

Cabinet Secretary Signature **Date**
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)